

PASCA: Impulsando la Lucha contra el VIH/SIDA

Quarterly Program Report PASCA July-September 2002

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For the period: July-September 2002

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QUARTERLY REPORT
PASCA
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PASCA Summary

Last year, USAID G-CAP extended PASCA through August 2003, modifying the results framework and indicators for the project under an extension. This report is organized around the new results framework.

During this reporting period, advocacy actions by the strategic alliances resulted in the following successes:

- Approval of the regulatory framework of the “AIDS Law” in Guatemala by the Minister of Health.
- Reduction of Antiretroviral prices in El Salvador for Ministry of Health and Social Security purchases.

A provisional regional advisory committee was created as a result of the prevailing consensus that PASCA should pursue the development of technical sustainability in the region to ensure the continuation of its services.

The Multi-Site Study results were completed with data from Panama and Nicaragua. Dissemination to both decision-makers and the audiences participating in the study has begun.

Other relevant PASCA activities for this reporting period were:

- Community representatives of Acción SIDA teams from four “older” Acción SIDA committee sites were incorporated into the monitoring and evaluation (M&E) process. The community representatives traveled to four “new” Acción SIDA sites, completed various M&E forms, and participated in committee activities. The outcomes in regards to sustainable benefits were as follows: 1) cost-effectiveness in M&E due to the reduction in PASCA staff travel, as community representatives monitored projects; 2) community representatives transferred knowledge on approaches reaching target populations, best practices, and lessons learned to other committee sites. Community stakeholders exchanged lessons-learned and ideas from other communities and applied these approaches to their own communities. One of the goals achieved during this M&E process was to transfer key responsibilities from PASCA central staff to trained community representatives in order to provide technical assistance at a lower cost, thus enhancing the sustainability of efforts.
- REDCA+ members and local affiliates conducted national workshops in the region as part of the TOT leadership development program. The following results were obtained: a) an increase in REDCA+ membership (more than 60 new members) bringing needed human resources plus the potential to build greater leadership strength to the current and future AIDS advocacy related actions; b) incorporation of additional leaders to the advocacy actions REDCA+ national chapters are currently carrying out; c) continuation of skills development in designing, managing, implementing, and assessing training activities.

Strategic Objective One:

Enhance Central American Capacity to respond to the HIV Crisis.

Intermediate Result One:

Appropriate HIV/AIDS Policies and Strategic Plans implemented.

Indicators

Sub-indexes of the *political support* and the *legal and regulatory framework* dimensions in the API.

Given that these two dimensions from the AIDS Program Effort Index (API) tend to reflect the work PASCA does in the region, they will now be reported separately as indicators for IR1. Targets for end-of-project (EOP), August 31, 2003, were set as follows: Political Support, 5 points; and Legal and Regulatory Framework, 3 points. In-depth results were previously reported.

1. AIDS Program Effort Index (API).

Progress to date of the Strategic Objective was assessed by means of the API in 2000, when a regional score of fifty-three (53) was established. The revised target for a new EOP (August 31, 2003) was set at fifty-five (55).

In early October, a two-day meeting of representatives of partners working on HIV/AIDS in the Central American region was convened by UNAIDS in Panama. It was attended by USAID, PASCA, PASMO, UNAIDS and some co-sponsors (UNDP–Nicaragua and Panama, UNICEF –Panama, LAC Representative and LAC HIV advisor), SIDALAC, MOH of El Salvador and Panama, civil society (Guatemala, Nicaragua, Panama) and PLWHA (Panama and REDCA+). This was a follow-up meeting to a previous gathering in Antigua, Guatemala.

Participants discussed the region's level of political commitment to the HIV/AIDS response. It was confirmed, again, that aside from the sectoral commitment coming from the health sector, in all countries, HIV/AIDS is not the priority agenda in any country.

It was agreed upon that PASCA's efforts have increased the availability of more information on the epidemic profile in Central America. Data are available on national expenditures on AIDS (all countries), resource allocation model (Honduras), HIV prevalence in highly vulnerable groups (all countries), up-to-date HIV/AIDS projections (Honduras, Guatemala), economic impact studies (Honduras), and mobile populations profile (all countries). However, it was also agreed that the data should be periodically updated and extensively disseminated for an impact on the AIDS policy environment of the region.

Opportunities and potential challenges were identified to work on encouraging an engagement of the political leaders in other sectors (i.e. Finance and Labor) in the response to the HIV/AIDS epidemic. Collaboration with non-traditional partners, such as the involvement of development banks (IADB, World Bank) was suggested to encourage involvement of the Ministries of Finance as well as other stakeholders. Regular meetings could be used as opportunities to integrate HIV-related messages. Venues, such as presidential summits, will be mapped to identify openings for lobbying. CONCASIDA III, to be held in Panama next October 2003, was identified as an excellent opportunity for that purpose.

A task group was organized to follow up on the meeting agreements. PASCA is a member of that group.

2. Number of positive HIV/AIDS policy changes.

A second indicator for the Strategic Objective is the Policy and Regulatory Matrix. It tallies the net number of positive HIV/AIDS policy changes enacted in each country and at a regional level. In 2001, we closed with a cumulative of sixty-eight (68) changes. The revised target for 2002 was set at a cumulative of seventy-two (72) changes. As of September 30, 2002, 78 changes have been recorded (Annex II).

Recorded changes for each country are as follows:

Guatemala

- After having completed a revision of the National AIDS Strategic Plan, Guatemala is moving on to drafting a workplan for the year 2003. A matrix has been circulated to all parties implementing HIV/AIDS activities in country so that all scheduled activities and available funds can be shown in the annual workplan.
- Protocols for management of PLWHA using ARVs were presented officially and will immediately be adhered to at public health hospitals in the capital city.
- Given the lack of response from government in approving AIDS legislation by-laws, the Guatemalan network of NGOs working on AIDS included a request for its immediate sanction when they presented several injunctions denouncing the Guatemalan Government for not providing PLWHA with ARV therapy at public hospitals.
 - As a result of a direct dialogue with President Portillo, the President passed an executive order approving emergency funds (Q 500,000) to purchase ARVs for PLWHA attending public health hospitals in the last quarter of CY2002, and;
 - The cabinet sanctioned the regulatory framework of the AIDS Law as a second outcome of the above mentioned advocacy actions.

Nicaragua

- A revised and updated version of the national AIDS strategic plan was completed 2000.
- The Congress of Nicaragua approved the General Health Code earlier this year. NGOs, as well as PLWHAs attended deliberations and proposed wording for this legislation. Their input (as well as that from other civil groups) was instrumental for the inclusion of language related to protection of human rights (stigma and discrimination), solidarity and participation of civil society in the development of program health policies.

Next Steps

PASCA will provide technical support to the following processes:

Guatemala

- Collaborate on the revision of guidelines for reproductive health care under the HIV/AIDS component.
- Formulation of 2003 annual workplan.
- Encourage development of a southeast regional local strategic plan.

Honduras

- M&E of current National AIDS Strategic Plan (NASP) and development of a revised plan.

Panama

- Support completion of a revised NASP.

There are a few ongoing activities not directly dependent upon PASCA's work plan, however they positively contribute to the policy environment:

Honduras

- Development of the regulatory framework for the AIDS Law.
- CONASIDA's AIDS Law is waiting for discussion at the National Congress.

El Salvador

- AIDS Law regulations framework has been finished and awaits MOH concurrence.

LLR 1.1 Effective strategic alliances advocating for appropriate HIV/AIDS policies and strategic plans in both the regional and national arenas.

Indicators

1.1.1 Active strategic alliances established; number of organizations and networks reaching target score on advocacy questionnaire.

During this reporting period, twelve active strategic alliances designed and implemented advocacy actions in the regions, which addressed the targeted objectives. The following tables reveal the key results:

- Approval of the regulatory framework of the AIDS Law in Guatemala by the Minister of Health.
- Antiretroviral prices were reduced in El Salvador for Ministry of Health and Social Security purchases.

A hands-on advocacy workshop was conducted in Guatemala to achieve the following:

- Increase knowledge on updated statistical information on the National HIV/AIDS situation.
- Increase use of advocacy tools for strategic alliances.
- Further define work plans.
- Motivate new representatives to enrich the multi-sector nature of the alliances.

In El Salvador, both the "Legislation" and "HIV/AIDS integration into reproductive health" strategic alliances updated their situation analysis and continued the implementation of their workplans.

Next Steps

- Focus strategic alliances to target the existing specific objectives.
- Establish new specific objectives in the strategic alliances.
- Continue technical and financial assistance to strategic alliances.
- Given the recent events in which President Portillo signed the AIDS Law Regulation Framework, approved emergency funds for ARV provision, and promised funds for ARVs in 2003, the

strategic alliances have seen many of their objectives achieved. The alliances have agreed to assess the most effective way to coordinate advocacy actions to integrate the response. The third alliance advocating for AIDS prevention among men, is currently active in designing their advocacy plan.

ISSUE	GUATEMALA		
	ACCESS TO TREATMENT	AIDS LEGISLATION	HIV/AIDS PREVENTION FOR MEN
OBJECTIVE	Opportunistic infections drugs and antiretrovirals are accessible.	Article 27-2000 of AIDS law is implemented.	
SPECIFIC OBJECTIVES	<ul style="list-style-type: none"> Budget for purchase of antiretrovirals and opportunistic infections drugs is allocated by the MOH. Generic antiretrovirals providers are included in the MOH purchase system. 	<ul style="list-style-type: none"> The AIDS law is broadly disseminated by the mass media. Other sectors actively advocate for HIV/AIDS legislation. 	
SPECIFIC OBJECTIVE SELECTED	The same as above.	The AIDS law is broadly disseminated by the mass media.	
ALLIANCE MEMBERS	MSF, Gente Positiva, Gente Nueva, APAES, Fundación Marco Antonio, Sanidad Militar, National AIDS Program, Archbishop Office, IGSS, Centro ITS zona 3, Centro Epidemiología.	ASI, Fundación Iturbide, Gente Positiva	CDHG, Archbishop Office, OASIS, ASI, Fundación Iturbide, COEPSIDA, Sanidad Militar, National Mental Health Program, Hogar San José, Gente Nueva, Counselors Network.
PROCESS RESULTS	Alliance became inactive at the end of the reporting period because other activists met the objective. President Portillo allocated Q500,000 (US\$ 63,533) for the purchase of antiretrovirals and opportunistic infections drugs. The strategic alliance needs to establish a new advocacy objective.	Inactive with this advocacy work plan. However, some of its members continued advocating for the previous objective that related to the approval of the regulatory framework of the AIDS Law, approved after two years of advocacy work.	Members of this strategic alliance decided to go back to the situational analysis in order to select a more specific and achievable objective for their advocacy work plan.

ISSUE	EL SALVADOR		
	ACCESS TO TREATMENT	AIDS LEGISLATION	HIV/AIDS INTEGRATION INTO REPRODUCTIVE HEALTH
OBJECTIVE	There is sustained access to antiretrovirals.	Article 16 of AIDS law is revoked.	Advocate for the creation of a reproductive health law that includes HIV/AIDS.
SPECIFIC OBJECTIVE SELECTED	Prices of antiretrovirals through the UNAIDS accelerated process are reduced.	Article 16 of AIDS law is revoked.	Advocate with the MOH for the creation of a reproductive health law that includes HIV/AIDS.
ALLIANCE MEMBERS	Hospital Maternidad, Hospital Zacamil, Flor de Piedra, Sanidad Militar, Atlacatl, ISSS, Equipo de Lucha Contra el SIDA, Programa Nacional, Fundasida, MSF, Hospital Rosales	CEMUJER, MSF, Entre Amigos, FUNDASIDA, Atlacatl, ASPS, Flor de Piedra, CREA, Sanidad Militar.	AMS, ASPS, UNFPA, ADS, Plan Internacional, Save the Children, Maestría Salud Pública UCA, Entre Amigos, Visión Mundial, ORMUSA, Universidad Andrés Bello, Gerencia de la Mujer.
PROCESS RESULTS	<ul style="list-style-type: none"> The specific objective of reduced prices of antiretrovirals through the UNAIDS accelerated process, was achieved. The strategic alliance is in process of identifying new objectives. 	<ul style="list-style-type: none"> Supreme Court accepted the unconstitutional appeals. Supreme Court initiated consulting process with Congress members to collect information that justifies article. 	Designed action plan.

ISSUE	HONDURAS		
	ACCESS TO TREATMENT	AIDS LEGISLATION	HIV/AIDS INTEGRATION INTO REPRODUCTIVE HEALTH
OBJECTIVE	A system for timely antiretrovirals purchase and dissemination is established.	AIDS law by-laws (including CONASIDA) are approved.	Advocate for implementation of HIV curriculum in formal education
SPECIFIC OBJECTIVES	<ul style="list-style-type: none"> Decision-makers are aware of the need to provide treatment to PLWHAs. PLWHAs are empowered to advocate for access to treatment. There is an increase in the number of PLWHAs who receive treatment. 	<ul style="list-style-type: none"> Minister of Health recognizes the need to quickly sign-off on by-laws. 	Advocate for HIV prevention curriculum implementation with policy makers.
ALLIANCE MEMBERS	Cruz Roja, Pastoral Social Cáritas, ASONAPVISIDA, Programa Nacional, Cruz Morada de H. Colectivo Violeta, UNHH, PASMO, MSF, PVVS independientes, PRISMA, IHSS, Casa Alianza.	CHF, Maestría en Salud Pública, Alianza ONAH, Colectivo Violeta,	Pastoral Buen Samaritano, CESAMO Villa Adela, Instituto Inmaculada Concepción, Cruz Roja, Pastoral Social Cáritas, Sanidad Militar, IMADFA, Programa Nacional, Ministerio de Educación, Acciones Desarrollo Poblacional, CEDECE.
PROCESS RESULTS	Interviews and public presentations ensuring the actual purchase of medications.	Alliance members were trained on the key aspects of AIDS Law and its implementation.	Coordinating meetings were conducted to finalize advocacy activities to be implemented.

ISSUE	NICARAGUA	
	HIV PREVENTION BASED ON BEHAVIOR CHANGE	AIDS LEGISLATION
OBJECTIVE	CONISIDA's policies promoting HIV prevention through behavior change are developed.	General public is aware and knowledgeable on AIDS laws and AIDS law is fully implemented.
SPECIFIC OBJECTIVES	<ul style="list-style-type: none"> A database with information and research on behavior change is established and located at the Ministry of Health. CONISIDA has developed plans for implementation and evaluation of program and activities focused on behavior change. 	<ul style="list-style-type: none"> Article 19 of the AIDS law, which ensures care and support for PLWHAs is implemented. AIDS law is disseminated among various sectors of society.
SPECIFIC OBJECTIVE SELECTED	CONISIDA has developed plans for implementation and evaluation of program and activities focused on behavior change.	<ul style="list-style-type: none"> Article 19 of the AIDS law, which ensures care and support for PLWHAs is implemented.
ALLIANCE MEMBERS	Secretaría de la Juventud, Ministerio de Educación, Cultura y Deportes, Universidad John Hopkins, CEPS, SI MUJER, Fundación Puntos de Encuentro, PROSIM- GTZA, Comisión Nacional de Lucha Contra el SIDA desde la Sociedad Civil, Cruz Roja, XOCHIQUETZAL, Centro Mujer y Familia, PASMO, PSI, NICASALUD.	CEPRESI, Xochiquetzal, CISAS, ASONVIHSIDA, Centro Mujer y Familia, Procuraduría de los Derechos Humanos, PASMO.
PROCESS RESULTS	Individual interviews with CONISIDA members were conducted to increase their interest on focusing programs, policies, and plans on behavior change.	Action plan was re-designed.

ISSUE	PANAMA	
	ACCESS TO CARE AND SUPPORT	HIV/AIDS INTEGRATION INTO REPRODUCTIVE HEALTH
OBJECTIVE	Access to care and support through the Ministry of Health and Social Security is increased.	The HIV/AIDS and reproductive health component in the Education Law is implemented.
SPECIFIC OBJECTIVES	<ul style="list-style-type: none"> Numbers of service units for PLWHAs is increased. Care and support norms and protocols based on standards of care are updated. Stable funding for services is provided. 	<ul style="list-style-type: none"> HIV information and education in schools is provided. HIV research among vulnerable groups to obtain data for future strategies is completed.
SPECIFIC OBJECTIVE SELECTED	<ul style="list-style-type: none"> Numbers of service units for PLWHAs is increased. 	
ALLIANCE MEMBERS	ANADESAC, National Police, AHMNP, Programa Nacional, IIDEHSA, Social Security, PROBIDSIDA, Red Cross.	APLAFA, National Police, UNPYME, EMESSA, AHMNP, CMGTP, Nueva Identidad, Gilberto Toro, MINJUMNFA, Red Cross, SERECSIDA, CODIM, ANADESAC.
PROCESS RESULTS	Interviews were requested to the Minister of Health and the Head of the National AIDS Program, and still are waiting for a response.	Planning meetings were conducted during reporting period, concluding on the need to better focus the advocacy actions to be undertaken.

1.1.2 Active regional networks for HIV-positive persons functioning in Central America.

National workshops on leadership were conducted by REDCA+ members and local affiliates in all countries as part of the TOT leadership development program. The following results were obtained: a) increase of REDCA+ membership (more than 60 new members); b) incorporation of additional leaders to the advocacy actions REDCA+ national chapters are currently carrying out; c) continuing the skills development in designing, managing, implementing, and assessing training activities.

In September 2002, REDCA+ organized a three-day regional Training of Trainers (TOT) program on support group facilitation for HIV-positive people. Project assistance and training facilitation was carried-out by Cimatelli, Inc. Twenty-nine participants from Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama were chosen by PASCA/REDCA+. Participants selection criteria included being HIV positive, engaging in HIV-related work, participating actively in organizations and support groups, demonstrating leadership skills, ability and commitment to replicate lessons learned, literacy, commitment to the issues of access to treatment and willingness to be part of REDCA+.

Each country sent one to five representatives to the training or as new members who had joined REDCA+ since the training in Guatemala. There was also greater participation of women than in previous trainings. The primary goal of the training program was to promote the workshop facilitation skills of PLWHA in order to increase the number and quality of support networks for PLWHA in Central America. The specific objectives of the TOT program were to improve participants skills as support group facilitators, train participants as workshop facilitators so they are able to train other support group facilitators, and increase the number of support groups in participants respective countries.

Next Steps

- Implementation of national workshops on support group facilitation by REDCA+.
- Provide TA as needed.
- Monitoring and evaluation of implemented activities.

1.1.3 Number of evaluations of strategic plans by country.

Regional Strategic Planning

PASCA's support to planning processes in the Central American region this quarter continued its focus on the country proposal development for submission to the Global Fund on AIDS, Tuberculosis and Malaria (GFATM). In collaboration with UNAIDS, technical support was provided to El Salvador, Nicaragua, Belize and Panama at different levels of contribution.

PASCA provided support for the responses prepared by the pre-qualified proposals of Honduras and Guatemala. The former concluded the "clarification" process earlier in the quarter, but the latter took longer to prepare a response given that the Guatemalan-CCM decided to re-write extensive portions of the text and to increase the requested funding substantially. It is uncertain whether the GFATM will consider these changes as "clarifications" or a proposal re-submission.

Guatemala

The Ministry of Health made the revised Guatemalan National AIDS Strategic Plan official on August 28, 2002. PASCA continues to support the planning process in Guatemala through technical advice for the formulation of next year's annual workplan.

Panama

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Revision of the strategic plan by the new staff at Panama's NASP continues. PASCA has shared with new staff all related documentation from the past planning exercise, as there were no electronic records stored in their office. Technical support will be provided on an as needed basis.

Belize

Given Belize's preparation of a proposal to submit to the Global Fund on AIDS, TB and Malaria, the ongoing national level planning process was delayed. The National AIDS Commission (NAC) members gained a better understanding of the AIDS situation in their country and an idea of the level of response after working on the proposal gave them. Belize's NAC proposes to write a new NASP after conclusion of an M&E exercise.

Legislators

Currently, the new legislators of PARLACEN's Health and the Women's commissions have chosen to work on areas other than HIV.

Next Steps

- Provide support to responses from the technical review panel to country proposals submitted to the Global Fund on AIDS, TB and Malaria. When and if approved, an assessment of the effects of funding will be necessary, given the magnitude of the requested amounts by each country.
- Continue supporting AIDS strategic planning processes in the region --including development of annual workplans, focusing on implementation and results. Honduras and Panama will be developing their new strategic plan next quarter. Program planning will require renewed guidance to all countries in FY2003, particularly related to adequate strategies or interventions in response to multisite study results in specific populations. In addition, implementation of M&E will need to be emphasized in all countries, particularly in Nicaragua and Panama.
- From time to time, monitor PARLACEN's interest in pursuing the already initiated task of an AIDS Model Law.

1.1.4 Analysis of specific program components of the API Indicator.

The sub-indexes of the Political Support and the Legal and Regulatory Framework dimensions of the API measure PASCA's regional programs' objectives and results more effectively. End of project targets (August 31, 2003) for these two dimensions were set as follows: Political Support, five points; and Legal and Regulatory Framework, three points.

Next Steps

- To continue monitoring political changes within the areas of political support and legal regulatory framework.

LLR 1.2 Regional and national advocacy agendas effectively implemented.

Indicators

1.2.1. Number of advocacy plans initiated reflecting the priorities identified in the national agenda.

AIDS advocacy national agendas were reviewed during this period in Honduras, Nicaragua, Panama, and Guatemala, as result, advocacy plans were also updated, especially in the themes of access to HIV/AIDS medical treatment and legal regulations.

Direct technical assistance was provided to the strategic alliances in each country as requested.

Next Steps

- Provide TA for all strategic alliances on specific needed issues.
- Prepare briefs and fact sheets on themes of regional importance.
- Finish the design and implementation of advocacy plans.
- Present advocacy model at the World AIDS Conference.

Indicator

1.2.2. Several implemented advocacy plans have achieved their stated objectives.

During this period two advocacy action plans were implemented and achieved the stated objectives:

- El Salvador achieved price reduction with pharmaceutical companies.
- Honduras purchased antiretrovirals for 128 PLWHAs.

Next steps

- Provide follow-up and continued support for implementation of current advocacy plans implementation.
- Continue providing TA to the strategic alliances.

LLR1.3 Participatory program planning teams implementing action plans at the community level (Acción SIDA).

Indicators

1.3.1. Number of **Acción SIDA community planning teams successfully completing the eight- step cycle.**

Four Acción SIDA sites (Tornabé and Puerto Cortés in Honduras, Puerto Barrios in Guatemala, and La Libertad in El Salvador) have completed the eight-step cycle successfully. All of them are implementing prevention interventions (final phase of the cycle). FUNDASIDA, the NGO working with drivers in La Libertad, El Salvador ended their \$4,000 intervention. Therefore, fifteen (15) leaders were trained and are currently counseling peers on correct condom use skills, condom use myths, HIV/AIDS, and sexuality.

During this reporting period, all implementing NGOs in El Salvador, Honduras, and Guatemala, continued working their HIV/AIDS prevention strategies as planned, until next December when all interventions are to end. Acción SIDA committees focused their activity on monitoring the implementation of such HIV/AIDS prevention interventions.

Community representatives of Acción SIDA teams from four Acción SIDA sites were incorporated into the Monitoring and Evaluation process. The M&E process is part of the project's, Acción SIDA, strategy of implementation. The result of this highly participatory M&E process is cost-effectiveness and higher efficiency in monitoring the results of the project. The community representatives travel to the various Acción SIDA sites, complete various M&E forms, and participate in Committee activities which result in less travel and expenses for PASCA staff. An added sustainable benefit is community representatives transfer knowledge, best practices and lessons learned while community planning. Community stakeholders exchange experiences and ideas from other communities about which approaches reached the target population and apply these lessons learned to their own community. This process empowers communities and viable stakeholders by establishing ownership, accountability, as well as, increasing the likelihood of the projects' replication.

M&E Visits

DATE	VISITED SITE FOR M&E	ACCION SIDA TEAM MEMBERS
August 21-23, 2002	Puerto La Libertad, El Salvador	Doroteo Saravia, Hernán Carnales Puerto Cortés (Honduras)
August 28-30, 2002	Puerto Cortés, Honduras	Hernaldo Acevedo, Gabriela García Puerto Barrios (Guatemala)
August 28-30, 2002	Tornabé, Honduras	Inocente Cárcamo Puerto La Libertad (El Salvador)
September 3-5, 2002	Puerto Barrios, Guatemala	Virgen Loredó, Eufemia Carnales Tornabé, Honduras

Donor agencies and functionaries visited sites to learn about the communities and the Acción SIDA methodology. Tornabé, Puerto Barrios, Puerto Cortés, and Génova received visitors from PAHO, Doctors Without Borders, Synergy, USAID and the US Ambassador in Honduras.

Situational analysis (HIV/AIDS Community Analysis) results were presented in Bluefields, Nicaragua; El Chorrillo, Panamá; and Dangriga, Belize with participation of various sectors, including the municipal authorities and the mass media. It is important to note that targeted audiences selected did not, excepting Bluefields, reflect the most vulnerable and with highest HIV/AIDS risk groups, such as men who have sex with men (MSM) and commercial sex workers (CSW). This was because only general and incomplete data was available from their local health centers and NGOs. Results of the HIV/AIDS Multi-site Study recently conducted in the region will be adapted and disseminated to update those situational analyses and in turn select the final audiences more effectively.

Next Steps

- Complete the implementation of HIV/AIDS interventions at four sites in the last step of cycle.
- Keep Acción SIDA committees working actively on the remaining cycle phases.
- Present HIV/AIDS Community Analysis results in Génova and Caballo Blanco, Guatemala.
- Adapt and disseminate results of the HIV/AIDS Multi-Site Study with MSM and CSW.
- Select target audiences in Bluefields, Dangriga, El Chorrillo and Génova.
- Call for local NGO proposals for new HIV prevention interventions.

- Provide follow-up on overall activities through PASCA's staff and members of the Acción SIDA committees.

The tables below show relevant aspects of the Accion SIDA committees' work by site:

GUATEMALA			
PLACE	PUERTO BARRIOS	GENOVA	CABALLO BLANCO
CYCLE PHASE	Cycle completed. Interventions being implemented (phase 8).	Selection of priority audiences (phase 6).	Situational analysis (HIV/AIDS Community Diagnostic) and committee consolidated (phase 5).
COMMITTEE MEMBERS	<ol style="list-style-type: none"> 1. Ministry of Education 2. Empresa Portuaria 3. Nelda Arzú, Teacher 4. Social Security 5. Mass Media 6. National Hospital 7. Garífuna Project 8. JEDI 9. ASOMUGAGUA 10. Human Rights Office (new member) 11. Red Cross (new member) 	<ol style="list-style-type: none"> 1. Asoc. Padres de Familia Escuela Cristóbal Colón 2. Barrio Italia 3. Colegio Guadalupe 4. Dirección Escuela Cristóbal Colón 5. Centro de Salud 6. Iglesia Católica 7. Comité Pastoral de Salud Iglesia Evangélica 8. Ministerio de Educación 9. Comité Pro-mejoras de Génova 10. Policía Nacional 11. Organismo Judicial 12. Proyecto Vida 13. Comadronas 	<ol style="list-style-type: none"> 1. Ex alcaldesa 2. Catequistas Iglesia Católica 3. Campesinos 4. Pastoral de Salud, Iglesia Evangélica 5. Comadronas 6. Promotoras de Salud 7. Lote 15 8. Transportistas 9. Area de Salud 10. Centro de Salud Caballo Blanco
SELECTED AUDIENCES FOR INTERVENTION	In-school adolescents, out-of-school adolescents in marginal neighborhoods	Selection in process.	N/A
NGO AGREEMENTS	JEDI - \$10,000 ASOMUGAGUA - \$ 8,000	N/A	N/A
PROCESS RESULTS	<ul style="list-style-type: none"> • New action plan developed. • New committee members incorporated. 	HIV/AIDS Community Analysis presented.	Committee formed and activities initiated.
CHALLENGES	<ul style="list-style-type: none"> • Define if the Acción SIDA committee continues independently or under the multi-sectoral department commission. • Community very traditional/conservative. 	Involve municipal authorities in the Acción SIDA process.	Recruit new members from other sectors for the Acción SIDA committee and finalize HIV/AIDS Community Analysis.

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PLACE	PUERTO LA LIBERTAD	MORAZAN	
CYCLE PHASE	Cycle completed. Intervention being implemented (Phase 8).	Situational analysis (HIV/AIDS Community Diagnostic) (Phase 5).	
COMMITTEE MEMBERS	<ol style="list-style-type: none"> 1. Barrio El Calvario 2. Playa El Mahahual 3. Playa San Diego 4. Fundación SERAPHIM 5. INALL 6. Playa El Cocal 7. Unidad de Salud . 8. PASMO 9. Cantón Melaza 10. Cruz Roja Salvadoreña 11. Equipo Contra el SIDA 12. Unidad de Salud Chiliupan 13. ISSS 14. Fundeguadalupe 15. Fuerza Naval 16. ADESCO 17. Comadronas 18. Policía Nacional Civil 19. Gerencia Adolescencia del MINSA 	<ol style="list-style-type: none"> 1. DDHH 2. Comité de Adolescentes de Delicias de Concepción 3. SIBASI 4. Hospital Nac. San Fracisco Gotera 5. Parroquia de Gotera 6. ISSS de Sn Fco. Gotera 7. Dirección Deptal de Educación de Morazán 8. AMS 9. Proyecto Mujer, Población y Medio Ambiente 10. Centro de Educación Extra Escolar, Sn Fco. Gotera 11. Personas Viviendo con VIH 12. Médicos por el Derecho a la Salud 13. Alcaldía Municipal de Gotera 14. Stereo Morazán 15. Policía Nacional Civil 16. CENTA, Ministerio de Agricultura y Ganaderia 17. Destacamento Militar No.4 	
SELECTED AUDIENCES FOR INTERVENTION	<ul style="list-style-type: none"> • In-school adolescents. • Female food street vendors. • Bus and taxi drivers in the port city. 	N/A	
NGO AGREEMENTS	FUNDASIDA - \$ 4,000 FUNDEGUADALUPE \$10,000 SERAPHIN \$18,000	N/A	
PROCESS RESULTS	<ul style="list-style-type: none"> • FUNDASIDA completed its intervention with bus drivers. • Committee supports NGOs implementing HIV/AIDS prevention interventions. 	N/A	
CHALLENGES	Become legally independent.		

HONDURAS		
PLACE	PUERTO CORTES	TORNABE
CYCLE PHASE	Cycle completed. Intervention being implemented (Phase 8).	Cycle completed. Intervention being implemented (Phase 8).
COMMITTEE MEMBERS	<ol style="list-style-type: none"> 1. Bomberos Voluntarios 2. Centro de Salud 3. Patronato Barrio Medina 4. Iglesia Católica 5. Instituto Franklin Delano Roosevelt 6. Patronato Barrio Buenos Aires 7. Bajamar 8. Patronato Barrio Pueblo Nuevo 9. Medios de Comunicación 10. Patronato Barrio El Porvenir 11. Hospital Nacional 12. Grupo Génesis 13. Municipalidad 14. Colegio de Médicos de Honduras 15. Abogados individuales 16. OCPRODEMUC 17. Patronato Barrio San Ramón 18. Acción Menonita 19. COMVIDA 20. Iglesia Adventista 21. Taxistas 22. Patronato El Centro 23. Comité de Derechos Humanos 	<ol style="list-style-type: none"> 1. Clubs de Danza 2. Comité de Salud 3. Grupo de la Tercera Edad 4. Promotoras de ENMUNEH 5. Comadronas 6. Curanderos 7. Barrio El Centro 8. Patronato New Cork 9. Grupo de Autapoyo 10. Amas de Casa 11. Iglesia Evangélica 12. Médicos Sin Fronteras 13. Representante Comunidad San Juan 14. Centro de Salud 15. Maestra 16. Artesanos 17. Estudiantes
SELECTED AUDIENCES FOR INTERVENTION	<ul style="list-style-type: none"> • In-school adolescents 13 –18 years of age. • Out-of-school adolescents in select neighborhoods. • PLWHAs. 	<ul style="list-style-type: none"> • In-school adolescents and their parents. • PLWHAs.
NGO AGREEMENTS	OC-PRODEMU - \$10,000 GRUPO GENESIS - \$4,000	ENMUNEH - \$10,000
PROCESS RESULTS	<ul style="list-style-type: none"> • Hosted encounter of self-support groups. • Grupo Genesis (PLWHAs) requested legal representation. • Five counseling centers for out-of-school youth were created with local private sector support. 	All Garifuna community members involved in Acción SIDA process.
CHALLENGES	M&E: To become able to document the process.	Share lessons learned with other Garifuna communities.

NICARAGUA		
PLACE	RIVAS	BLUEFIELDS
CYCLE PHASE	Acción SIDA committee training and work plan elaboration (Phase 4).	Selection of priority audiences (Phase 6).
COMMITTEE MEMBERS	<ol style="list-style-type: none"> 1. Ministerio de Educación 2. Representante de la Juventud 3. Andrea Nestora Martinez, Partera y Brigadista comunitaria 4. Poder Judicial 5. MINSA local 6. Policia Nacional 7. CEPS 8. ICAS 9. CEPRESI 10. NICASALUD 11. Amas de Casa 	<ol style="list-style-type: none"> 1. Iglesia de Cristo 2. Universidad 3. SILAIS – MINSA 4. AMNLAE/FPIA 5. Campaña Costeña de Lucha Contra el SIDA 6. Alcaldía 7. Iglesia Jerusalem 8. Centro de Salud 9. Amas de Casa 10. Cruz Roja 11. Acción Médica Cristiana 12. Médicos sin Fronteras 13. Universidad Interamericana de Bluefields 14. Ministerio de la Familia 15. CEDEHCA 16. Dueñas de bar 17. Abogados
SELECTED AUDIENCES FOR INTERVENTION	<ul style="list-style-type: none"> • In-school adolescents 15 –19 years of age. • MSM. • Truck drivers. • Commercial Sex Workers (CSW) 	Selection in process.
NGO AGREEMENTS	NICASALUD (CEPS, CEPRESI and ICAS) \$5,800	N/A
PROCESS RESULTS	<ul style="list-style-type: none"> • Observation visit of Committee members to Chinandega's local coordinating committee. • Support from USAID's Bilateral Mission has been key in the implementation of the Accion SIDA process in Nicaragua. 	HIV/AIDS Community Analysis was presented.
CHALLENGES	Integrate community-planning activities into ongoing HIV/AIDS prevention interventions by NGOS.	

PANAMA	
PLACE	EL CHORRILLO
CYCLE PHASE	Situational analysis (HIV/AIDS Community Diagnostic) and consolidate the committee (Phase 5).
COMMITTEE MEMBERS	<ol style="list-style-type: none"> 1. Comité Torrijista del Chorrillo 2. Comité Femenino 3. Multifamiliar # 3 4. Dirigente de Barraza 5. Edificio 24 de diciembre 6. Comité de Salud de El Chorrillo 7. Centro de Salud de El Chorrillo 8. Comerciantes 9. Ejército de Paz 10. Ministerio de Restauración Cuadrangular 11. Ministerio de Restauración de la Cueva del Amor 12. Comunidad Carismatica Hosana 13. Ministerio de Oración Cristiana 14. Santuario Nueva Vida 15. Centro Amador Guerrero 16. Escuela Bonifacio Pereira 17. Cruz Roja 18. APLAFA 19. PROBIDSIDA 20. Cuerpo de Bomberos
SELECTED AUDIENCES FOR INTERVENTION	Selection in process.
NGO AGREEMENTS	N/A
PROCESS RESULTS	HIV/AIDS Community Analysis was presented.
CHALLENGES	Representation and Inclusion: Involve local authorities and other NGOs

BELIZE	
PLACE	DANGRIGA
CYCLE PHASE	Acción SIDA committee training and work plan elaboration (phase 4).
COMMITTEE MEMBERS	<ol style="list-style-type: none"> 1. National AIDS Commission 2. Southern Regional Hospital 3. Red Cross 4. Teachers 5. Belize Family Life Association 6. Police Department 7. Ecumenical College 8. Delille Academy 9. Health Living Youth Group 10. Peace Corps 11. Dangriga's HIV/AIDS Society 12. HECOPAB-SRH 13. Ministry of Human Development 14. Baptist Church
SELECTED AUDIENCES FOR INTERVENTION	Selection in process.
NGO AGREEMENTS	N/A
PROCESS RESULTS	HIV/AIDS Community Analysis was presented.
CHALLENGES	<ul style="list-style-type: none"> • Representation and Inclusion: Motivate community members to participate. • Find local consultant for parts of the process.

LLR1.4. Regional Multi-Site Study provides timely information about populations at risk to decision makers.

Indicators

1.4.1 Number of countries where the multisite study has been completed and results disseminated to decision-makers.

Main activities related to the multi-site study this quarter included:

- Follow-up to finishing the study in all five core countries:
 - Honduras
 - Results presented to new NACP authorities.
 - All reports shared with the USAID-Honduras Mission.
 - Nicaragua
 - HIV testing in the process of being completed. Local limitations have held up this activity for far too long, however, NACP has expressed its commitment to oversee completion of this task.
 - Data sets have been cleaned up. Completion pending for the results of the HIV and MHATP.
 - Panama
 - Data sets are almost complete in Panama (MSM, men who have sex with men, data set is complete, only few HIV results need to be entered for a subset of FSW, female sex workers, from Colon).
 - Specimens' shipment and testing for Gonorrhea and Clamydia
 - Specimens' shipped to Atlanta (HIV QC) and Panama (PCR for *Gonococcus* [GC] and Clamydia [CT]), from Guatemala, El Salvador and Nicaragua are being processed. Carrier regulations and heightened security measures in airplanes have limited the speed on this task; clerks are not fully familiar with all recent changes.
 - Specimens' were shipped from Honduras to Seattle for QC of GC and CT PCR.
 - PCR testing of Central American countries in Panama already started with Panamanian samples.
- Data Analysis
 - From September 4-6 in Tegucigalpa, a small workshop on data analysis was organized. Emphasis was given to weighting analysis of FSW data. Dr. Annette Ghee from the University of Washington provided technical assistance.
 - An analysis by country and studied groups was started.
- Funding for remaining countries
 - Given the higher costs of implementation of the multisite determined for Belize, most of the World AIDS Foundation (WAF) grant will be invested there.
 - A collaborative agreement with the Naval Medical Research Center Detachment (NMRCDD) will provide funding for implementation of the study in Costa Rica. In addition, NMRCDD has offered to genotype available and suitable HIV positive samples and to train Central American scientists on HIV genotyping.
 - A presentation was made to the Ministry of Health authorities and a few local NGOs in San Jose in early September. MOH reiterated their interest in pursuing implementation of the study in Costa Rica.

- Reports
 - A schedule has been prepared so that technical reports for the five core countries will be available at the end of the next quarter.
 - There will be a report for each population per country, for a total of ten reports. Layouts for these have been prepared to standardize the process.
 - The regional coordinator is doing the data transformation, i.e. re-coding, creation of new variables, and executable analysis programs for FSW data. The SPSS data analysis software will be used. This will be the key input for the preparation of technical reports.
 - CDC (Dr. Tomothy Granade) forwarded the results of HIV quality control in Honduran samples (through repeated EIA and a Western-blot). Only one sample previously considered HIV positive in Honduras was negative at CDC.
 - Preliminary reports were presented in July at the XIV International AIDS Conference in Barcelona. Because of their importance, a summary of the regional results available at the time was accepted and presented as a late-breaker.
- Data utility
 - Results for HIV and syphilis have been released to several partners in the region and beyond.
 - Countries are using these results in official documents, such as the proposals to the Global Fund (Guatemala, Honduras, El Salvador, Nicaragua and Panama), annual workplans (Guatemala) and new strategic plans (Honduras and Panama)
 - Partners are quoting results, including UNAIDS and SIDALAC.
 - NASPs will need guidance on the interpretation of results and programmatic planning.
 - A preliminary scanning of the results in port cities was started in order to provide pertinent data to Acción SIDA groups working in the region.

Next steps

- Complete data transformation and finish the executable programs for data analysis.
- Make a final revision of Nicaraguan data sets.
- Visit Panama, if needed, to make a final monitoring of the process emphasizing on the revision of the data sets.
- Forward the report layouts and data frequencies/tables to the consultants in each country.
- Provide feedback to the technical reports preparation process.
- Complete five technical reports on MSM data (Guatemala, Honduras, El Salvador, Nicaragua, and Panama) by the end of October (draft versions).
- Complete five technical reports on FSW data (Guatemala, Honduras, El Salvador, Nicaragua and Panama) by mid-November (draft versions).
- A targeted analysis and a “community-friendly” synopsis of the results will be prepared to support planning activities at Acción SIDA sites, NGOs, and REDCA+.
- Order supplies for Belize and Costa Rica and proceed with training of local counterparts.

Indicator

1.4.2 Number of MOUs signed with partners.

Memorandum of Understandings (MOUs) were signed with the following NGOs that participated as partners of the Ministry of Health in each country where the Multi-Site Study was conducted:

- El Salvador-Entre Amigos and Flor de Piedra.
- Guatemala-ASI and OASIS.
- Honduras-ADECO, FFS, PRODIM, PRISMA, Colectivo Violeta, and Fraternidad Sampedrana de Lucha Contra el SIDA.
- Nicaragua-TESIS, CEPRESI, and Xochiquetzal.
- Panamá-Hombres y Mujeres Nuevos de Panamá and EMESA.

Intermediate Result Two:

Improved Prevention, Support Systems and Other Services Implemented.

Indicators

2.1.1 Client satisfaction with quality of products disseminated through the system.

A client satisfaction assessment was conducted at the beginning of the year and results were included in the last quarterly report.

2.1.2 Number of persons using the system.

A survey was conducted last reporting period and the results were included in the corresponding quarterly report.

Pro-active Information System (PIS)

PASCA's proactive information dissemination strategy continued targeting key leaders working on HIV/AIDS in Central America. This quarter, two topics were given emphasis: 1) dissemination of proceedings (newsletters, presentations, press releases, etc) from the International AIDS Conference held in Barcelona in July; 2) dissemination of proceedings from the "Multi-site data users workshop" held in San Salvador in May for USAID missions and PAHO representatives in the region. Regular and timely updates took place on the Web Page, as well as electronic messages sent to Central American leaders and stakeholders with specific information.

Specific activities performed this quarter included:

- Direct technical support to the strategic alliances' work, particularly in Guatemala and El Salvador. Support consisted of presentations/materials on basic concepts of advocacy, political issues, priority survey for advocacy and the advocacy process, Policy Environment Analysis, AIDS Project Index (API), and public policy formulation.

- At the request of the Guatemalan CCM, PASCA's Proactive Information System Coordinator assisted in the preparation of technical "bits and pieces" for the Guatemalan response document to the Global Fund to Fight AIDS, TB and Malaria.
- TA provided for the final revision of Guatemala's AIDS Legislation bylaws.

Active involvement in the preparation of the technical documents for the following:

- Guatemala's HIV/AIDS epidemiological projections.
- Human Rights Presentation (a PowerPoint policy dialogue tool addressing human rights issues related to HIV/AIDS, targeted to policy makers is being prepared and will be concluded by the end of calendar year 2002. A copy will be provided to the USAID mission when completed).

New Projection exercises and Economic Impact Studies

- With the availability of the Multi-site study results on HIV prevalence in specific populations, PASCA is moving on to developing epidemiological projections, cost-benefit analysis for the provision of ARV therapy to pregnant women and other adults, and economic impact analyses of the projected epidemics.
- Epidemiological projections, cost-benefit analyses, and the economic impact study for Honduras were all concluded about a year ago. Currently, we are working on the final edition of the Guatemalan epidemiological projections and cost-benefit analyses. We are now preparing to begin work on the economic impact study.
- In addition to that, before the end of project, PASCA will complete epidemiological projections and cost-benefit analyses for El Salvador and Panama. We will also complete an economic impact study for El Salvador.
- These policy dialogue tools will be available for the proposed regional strategy to encourage a higher political commitment from Central American governments, as described above under the Strategic Objective title (SO). Model applications and economic studies for the remaining countries will need to be considered in the future.

Next steps

- Continuous update of PASCA's web page as scheduled.
- Work on the adaptation of the results of the Multisite Study to the Acción SIDA model.
- Continue dissemination of key information to targeted Central American audiences and others.
- Continue support to the strategic alliances in all countries through specifically targeted packets and dissemination of information in general, responding to their needs.
- Provide feedback to individuals who attend PASCA's regional workshops, as well as to others, as needed.
- Conclude work on the human rights presentation for policy makers and community members.
- Conclude work on Guatemala's HIV/AIDS epidemiological projections.
- Implement epidemiological projections application in Panama and El Salvador.
- Implement economic impact study in Guatemala.
- PASCA staff will meet with representatives from the Gallup Poll to ensure that survey instrument will be updated and administered in the five PASCA countries beginning in January 2003.

LLR 2.2 Increased utilization of skilled local consultants.

Indicators

2.2.1. Number of days consulting services provided by the consultant network.

Technical assistance provided by PASCA local consultants during this quarter was 246 days with a cumulative of **4,460** days during the life of the project. See details below.

Number of Technical Assistance Days July-September 2002

Country	# days	Technical Area	# of Recipients	Consultant
Guatemala	43	Strategic Planning, Operational Planning, Proposal Development, Advocacy, Project Design, Community Planning.	3 strategic alliances, 3 public and private organizations, 1 community	Carlos Serrano Fernando Cano, Roberto León.
El Salvador	6	Advocacy	3 strategic alliances	Jaime Argueta
Honduras	69	Advocacy, Research.	2 strategic alliances.	Jeremías Soto, Rosa González
Nicaragua	35	Research, Advocacy, community planning.	2 strategic alliances, 1 community.	María Isabel Moreno, Zoila Segura
Panamá	78	Research, Advocacy, Community Planning, Human Rights and HIV.	19 organizations, 1 community.	Manuel Burgos, Carlos Serrano, Belkis de Moreno, Norma García Paredes
Regional	15	Advocacy		Richard Stern
Total	246			

The update of the consultant database was completed. It is now in the process of being included in a CD, in a user-friendly format, which will be disseminated and located in PASCA's web site.

Next Steps

- Implement technical support activities to begin addressing the identified topics with PASCA's directory of professionals.
- Select participants and sites to conduct visits in the region for members of PASCA's directory of professionals.
- Provide follow-up to the strategy.

Indicator

2.2.2. Client satisfaction with the quality of the consultant services provided by consultants on the roster.

At the beginning of the year, a client satisfaction assessment of the quality of the consultants' services was conducted with twenty-five (25) representatives who had received technical assistance from the professionals' in three countries of the region (Guatemala, Panamá, and El Salvador). The majority of respondents graded the technical assistance they received as very satisfactory. Yet, often respondents indicated that the time assigned to the TA was insufficient and needed more time from the consultants.

Next Steps

- Incorporate suggestions and recommendations resulting from the satisfaction assessment.

LLR 2.3. The framework for a sustainable mechanism completed and implementation in progress.

Indicators

2.3.1 Market Survey completed.

The final report of the market was completed by Economía, Sociedad y Ambiente (ESA) in May. ESA's study results were complemented by a strategic analysis all of which was taken in consideration to design a proposal for continuing PASCA's work. However, later USAID/G-CAP informed about their decision to continue supporting HIV/AIDS regional initiatives. Likewise, the HIV/AIDS Global Fund sponsored by the United Nations began providing financial assistance to complement currently available resources in the countries, including Central America. Based upon these circumstances, PASCA strategically decided to continue pursuing the organization of a sustainable mechanism as part of the project phasing-out activities.

2.3.2 Validate the plan with partners.

In September 2002, a work meeting was organized with fourteen representatives from Belize, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, and Panama. The objectives of this meeting were as follows: a) to share and validate the market study results with participants; b) future HIV/AIDS actions needed in the region; c) assess feasibility of creating a PASCA advisory committee; d) facilitate the interchange of lessons learned among participating NGOs.

After discussing ESA's market feasibility study, it was concluded that the sustainable mechanism should strengthen the following areas:

- Development of a cadre of regional leaders with capacity and motivation to assume the responsibility of initiate the sustainable mechanism.
- Management and financial capacity development.
- Marketing of products and services development.

Participants suggested that PASCA should incorporate or continue to address the following HIV/AIDS work areas in the future:

- AIDS Central American Conference (CONCASIDA III) is a key opportunity to define regional

strategies and policies.

- Networking strengthening.
- Strategic alliances for new AIDS related issues formed.
- PLWHA stigma in Central America actively addressed.
- Advocacy actions addressed to higher level decision-makers.
- National strategic operational plans development.
- Community planning (Acción SIDA) implemented in new sites.
- Belize and Costa Rica incorporated into the overall project workplan.
- Policy dialogue support to address new related issues.

A provisional advisory committee was created as result of the prevailing consensus that PASCA should pursue the development of technical sustainability in the region, to ensure the continuation of its services. Fourteen members representing the seven countries of the region were selected and will, in the next three months, work in the designing of a work plan that helps selecting the permanent PASCA advisory committee, as well as to advise PASCA on its future work interventions.

2.3.3 Implement at least one major component of the framework.

PASCA's provisional advisory committee first meeting will be in Guatemala next October.

OTHER ACTIVITIES

El Salvador Bilateral Project

Seraphim, an NGO, continued the implementation of a HIV/AIDS prevention intervention with young female food handlers in Puerto La Libertad.

The remaining budget is \$17,697.77 with continued project implementation.

Guatemala Bilateral Project –CONCASIDA II/ RED DEL SUR-OCCIDENTE

With the approximate US \$5,100 remaining from CONCASIDA II, an agreement was made with Proyecto Vida in Coatepeque, Guatemala to create and strengthen the network of organizations that work in HIV/AIDS prevention in the southwest region of Guatemala. The project will help to coordinate the response in the southwest region of the country, as well as support the forthcoming Accion SIDA work in the new site of Génova, Quezaltenango.

During this reporting period, the network members finalized their strategic plan and began the design of their operational plan. During the monthly meetings taken place, each member organization presented its work objectives and their strategies to respond to AIDS prevention and care.

The Acción SIDA teams from Génova and Caballo Blanco were welcomed as new members of the network.

Next Steps

- Finalize operational plan.
- Increase membership among existing organizations in the region.
- Continue monthly meeting networking.
- Provide TA to Acción SIDA project communities.

ANNEXES

Annex I
TRAINING ACTIVITIES INFORMATION

Month	Dates	Activity Name	Type of activity	Number of Participants		Results related	Cost
				Men	Women		
September	3-6	Cómo facilitar Grupos de Autoapoyo	Regional	16	12	LLR1.1.2	U\$14,423.56
Sept/Oct.	Sept. 30 Oct. 2	Ejercicio de Proyecciones de VIH y SIDA en Panamá	National	5	10	LLR1.4	U\$ 1,047.00

Annex II-PASCA POLICY COMPONENT - HIV/AIDS POLICY CHANGE MONITORING MATRIX – September 2002

COUNTRY	Legislation	Implementing Rules and Regulations	Executive Orders	Ministerial Decrees	Directives and Guidelines	Professional Practice Standards	National Action Plans	TOTAL
<i>Guatemala</i>								
1997	2	0	0	0	1	0	0	3
1998	1	1	0	1	0	0	0	3
1999	1	0	0	0	0	0	1	2
2000	1	0	0	0	3	0	1	5
2001	1	0	0	2	0	0	0	3
2002	0	1	2	0	0	1	1	5
<i>Honduras</i>								
1997	1	1	0	1	2	0	0	5
1998	0	1	0	0	0	0	0	1
1999	1	0	0	0	0	0	1	2
2000	0	1	0	0	0	1	0	2
2001	1	0	0	4	1	0	0	6
2002	0	0	1	1	0	0	0	2
<i>El Salvador</i>								
1997	0	0	0	0	0	0	1	1
1998	0	0	0	0	0	0	1	1
1999	0	0	0	0	0	0	1	1
2000	0	0	1	1	3	0	1	6
2001	1	1	0	0	1	0	1	4
2002	1	0	0	0	0	0	0	1
<i>Nicaragua</i>								
1997	0	0	0	0	0	0	0	0
1998	0	0	0	0	0	0	0	0
1999	1	0	0	0	0	0	1	2
2000	0	0	0	0	0	0	1	1
2001	0	0	0	0	0	0	0	0
2002	1	0	0	0	0	0	0	1
<i>Panama</i>								
1997	0	0	0	0	0	0	0	0
1998	0	1	0	0	1	0	0	2
1999	1	1	0	2	1	1	1	7
2000	1	0	2	0	0	0	1	4
2001	0	0	0	3	0	0	2	5
2002	0	0	0	0	0	0	0	0
<i>REGION</i>								
1999	0	0	0	0	1	0	0	1
2000	0	0	0	0	2	0	0	2
2001	0	0	0	0	0	0	0	0
2002	0	0	0	0	0	0	0	0
<i>TOTALS</i>								
1997	3	1	0	1	3	0	1	9
1998	1	3	0	1	1	0	1	7
1999	4	1	0	2	2	1	5	15
2000	2	1	3	1	8	1	4	20
2001	3	1	0	9	2	0	3	18
2002	0	0	0	0	0	1	0	9
<i>Cumulative</i>	13	7	3	14	16	3	14	78

Positive policy changes are defined as policy actions that favor the overall environment for HIV/AIDS prevention programs and/or as the removal of adverse actions, i.e. barriers. The previous matrix, Annex II, registers the number of policy changes during the reporting period. The following narrative describes the nature and significance of the policy movement for each country.

COMMENTS ON THE MONITORING OF POLICY CHANGES IN CENTRAL AMERICA

Guatemala

The Policy Inventory conducted in Guatemala during Year 1 of the project identified 15 policy actions. Most of the policy actions fall within the category of constitutional provisions and legislation. The most important include:

- Ministerial Decree 1190-87, which creates the National AIDS Control Program. This instrument contributed to define a government response against AIDS.
- The creation in February 1995 of the “Coordinadora de Sectores de Lucha Contra el SIDA”, a loose consortium of public and private agencies and institutions, as well as donors, with the purpose of coordination programs and activities against the epidemic.
- Modifications in the Health Code and norms and procedures for surveillance and control of HIV/AIDS/STDs, established in 1990.
- Legislative Decree 27-95, which includes the Blood Bank and Transfusion Medicine Law.
- A 1996-99 Midterm Action Plan sponsored by PAHO.

During 1997 the following policy actions were completed:

- Enactment of the new version of the Health Code (October 1997). This law is relevant to HIV/AIDS activities because it proposes a substantial change in the health care delivery system, which will facilitate access and use by people living with HIV/AIDS, as well as improvement of epidemiological surveillance.
- Enactment of the revised Transfusion Medicine and Blood Bank Services Law (September 1997). This law is relevant to HIV/AIDS prevention because it regulates safe blood services.
- The Government of Guatemala, through its Ministry of Health and Social Welfare established regulations to provide prophylactic treatment with AZT to prevent vertical transmission of HIV.

The Guatemalan Congress considered the discussion of a National AIDS law, which was not approved this year.

- “Ley de Violencia contra la Mujer” (Law for the prevention of women violence) was passed by the Guatemalan Congress in 1998. Civil Military Police and Judges have been informed of its scope.
- The Ministry of Health published an updated version of its guidelines and regulations for health care delivery. This included but was not limited to the following Programs: STD/AIDS, Tuberculosis, Mother-Child, and Reproductive Health.

- “Plan Nacional de Atencion Integral a los y las Adolescentes” (National Plan for the Integral Care of Adolescents) was approved and made public by the Minister of Health late in 1998. It includes topics on reproductive health and prevention of sexually transmitted diseases.

In early 1998 the national HIV/AIDS umbrella law was re-introduced for discussion in Congress, but failed to be approved. A new attempt to discuss the law was made at the end of CY98, but no consideration was given to it during the 98/99 congressional term.

In 1999, a revision of the policy actions enacted in Guatemala showed the following results:

- “Ley de Promocion y Dignificacion de la Mujer” (Law for the Promotion and Dignity of Women) was passed by the Guatemalan Congress in March 1999.
- The National Strategic Plan for STD and AIDS Prevention was made official on November 2nd, 1999. PASCA provided technical and financial support for its formulation.
- In addition, a revision of the STD guidelines is in process in order to include the Syndromic Management approach. This effort is being led by the MTC Department at the Ministry of Health.

In 2000, a revision of the policy actions enacted in Guatemala showed the following results:

- The Guatemalan Congress approved the AIDS Law in March of this year. President Portillo sanctioned it in June.
- National Plan for Reproductive Health was approved by the MOH in August.
- Guidelines for Family Planning, STIs and HIV, and biosafety were published by the MOH in September.
- Executive Order SP-G-22-2000 through which the National AIDS Control Program in the Ministry of Health is directed to work on the formulation of the regulatory framework for the AIDS Law.
- The National Multisectoral Commission of organizations working on STI/HIVAIDS prevention was sworn. This was registered under Ministerial Decree SP-M-1349-2000.
- Ministerial Decree SP-M-1307-2000 declaring May the month for women’s health. Ministry of Health and others are encouraged to implement actions aimed at promoting women’s’ health, including AIDS prevention.

In 2001, a revision of the policy actions enacted in Guatemala showed the following results:

- Ministry of Economy released the regulations for condom marketing and distribution.
- The Population and Social Development Law was passed in October.
- IEC campaign on reproductive health was officially launched in November.

In 2002, a revision of the policy actions enacted in Guatemala showed the following results:

- National Policy on Population and Development was approved by Executive Order. Contents of this policy favorably influence HIV and reproductive health programs, hence improving the national response.
- A revised AIDS Strategic Plan was made official on August 28.
- Protocols for management of PLWHA with ARVs were presented officially.
- President Portillo passed an executive order approving emergency funds (Q 500,000) to purchase ARVs for PLWHA attending public health services.

- The cabinet signed the regulatory framework of the AIDS Law.

Honduras

During 1996, the Inter-American Development Bank, through its AIDS Prevention Support Program, completed a comprehensive assessment of the HIV/AIDS legal and regulatory framework in Honduras as part of its technical assistance program for the Ministry of Health. PASCA summarized key findings from that assessment and used them as the baseline legal and regulatory framework report.

A summary of changes in 1997 follows:

- An agreement between the Minister of Education and the Minister of Health was signed in order to strengthen their efforts towards the prevention of STD/HIV/AIDS and Cholera.
- Congress approved Blood Bank Law. It will allow the Red Cross/Honduras to regulate the collection and distribution of blood in the country, guaranteeing its safety.
- Regulations for the Blood Bank Law were drafted and approved by the Ministry of Health at the end of 1997.
- A policy was developed by the Honduran MOH to introduce the Syndromic Management of Sexually Transmitted Diseases. A set of guidelines and manuals was designed accordingly.
- Guidelines for the management of pediatric AIDS were developed and put into effect by the Ministry of Health

In 1998, a revision of the policy actions enacted in Honduras showed the following results:

- Guidelines for the management AIDS in Adults were developed and put into effect by the Ministry of Health

In 1998, there was a lot of effort put into the National AIDS Policies and the National Strategic Plan for STD and AIDS Prevention, however, conclusion was postponed due changes in country priorities in light of Hurricane Mitch.

In 1999, a revision of the policy actions enacted in Honduras showed the following results:

- The Honduran Ministry of Health sanctioned its National Policy on AIDS.
- The Honduran Ministry of Health also sanctioned its National Strategic Plan for STD and AIDS Prevention. PASCA provided technical and financial support for its formulation.
- The Honduran Congress passed the National HIV/AIDS Law in November 1999. PASCA technically supported its formulation and facilitated the active participation interested parties. PASCA provided a channel for PLWA to voice their concerns and include their point of view in the approved Law.

In 2000, a revision of the policy actions enacted in Honduras showed the following results:

- Regulatory framework for the Blood Bank Law was approved in March.
- ARV project for HIV+ pregnant women is started by MOH.

In 2001, a revision of the policy actions enacted in Honduras showed the following results:

- Antiretroviral drugs were integrated to the essential drugs list of the Ministry of Health in June
- Honduras National Congress passes a decree that approves L 3,000,000 Lempiras for the purchase of ARVs. November.
- Ministry of the Interior swore CONASIDA into office. November
- National Policy for Women was passed by the Instituto Nacional de la Mujer
- National proposal of access to ARVs / by MOH
- Trust fund to support UNAIDS theme group activities was approved.

In 2002, a revision of the policy actions enacted in Honduras showed the following results:

- President Maduro established Foro Nacional de VIH/SIDA.
- The Ministry of Health approved the purchase of ARVs for PLWHA attending public health services.

Actions in progress:

- Formulation of the Regulatory Framework for the AIDS Law.
- CONASIDA's organic Law is waiting for discussion at the National Congress

El Salvador

Through the Policy Inventory completed in El Salvador during Year 1 of the project, PASCA identified 32 instruments relevant to the implementations of HIV/AIDS activities. Most of the instruments fell within the category of legislation, including constitutional provisions, major laws (e.g. Health Code Civil Code. Penal Code.), and legislative decrees. Other categories were less frequent.

Some of the most important policy actions related to HIV/AIDS in El Salvador, already in place at the time when the inventory was prepared, include:

- Executive Decree No. 53 of May 25, 1993, which establishes the National AIDS Council (CONASIDA); its structure and functions; guidelines for dissemination of information, education, testing and counseling, epidemiological surveillance, and availability of preventive materials. Several observers have suggested the need to revise and update this instrument in light of new information and the social implications of the epidemic.
- Articles 62-71 of the Health Code, which prescribe on the distribution and control of condoms, testing, surveillance, etc.
- During 1997 a National HIV/AIDS Strategic Plan was drafted.
- During 1998, PASCA supported the re-formulation and operationalization of the National Strategic Plan. It was made official by the Minister of Health in April, 1999.

In 2000, a revision of the policy actions enacted in El Salvador showed the following results:

- After an evaluation of the National AIDS Strategic Plan a new multisectoral M&E Plan was formulated.
- Guidelines for Counseling of the HIV/AIDS patient were developed. Governmental and non-governmental professionals were trained. Guidelines were printed and made public in September.
- Guidelines for HIV health care were formulated in a combined effort by MOH, Social Security, FUNDASIDA (an NGO) with TA from PASCA and UNAIDS. They were published in early November.
- Guidelines for the management of STIs were formulated and then published in early November.
- MOH agreed to provide HIV ARVs to 200 patients.
- El Salvador's Social Security agreed to provide HIV ARV to 200 patients. Patients are currently receiving therapy.

In 2001, a revision of the policy actions enacted in El Salvador showed the following results:

- Guidelines for HIV and STI health care were made official in April.
- AIDS Law was passed. Presidential ratification is pending.
- A new 4-year National Strategic Plan was formulated. August.
- MOH signs agreement with MSF for distribution of ARVs to HIV+ pregnant women

In 2002, a revision of the policy actions enacted in El Salvador showed the following results:

- The Supreme Court ruled in favor of thirty (30) injunctions presented by civil society groups to remove paragraph d) from Article 16 of the AIDS Law, which mandated that individuals seeking a job must have a mandatory HIV test performed.

Actions in progress:

- AIDS Law regulations framework has been finished and awaits MOH concurrence.
- National Assembly will discuss amending paragraph d) from Article 16 of the AIDS Law.

Nicaragua

The policy inventory conducted in Nicaragua identified several policy actions, including several National Action Plans supported by donors.

At the end of 1996, there was a major policy development with the enactment of the AIDS and Human Rights Law (December 6, 1996). This umbrella law set the stage for the advocacy of human rights, prevention, services for HIV seropositive individuals, and the structural basis for its application. At this time, the law awaits enactment of its implementing regulations to be fully in force.

Since 1997, PASCA provided continuous support to the formulation of the implementing regulations of the AIDS and Human Rights Law enacted in late 1996. Due to internal political changes within the Health Commission late in 1998 and within the Ministry of Health, the process was delayed.

In 1999, a revision of the policy actions enacted in Nicaragua showed the following results:

- The National Assembly's Health Commission, after a comprehensive and multisectoral consultation process, presented a motion to the National Assembly in full to approve the Regulatory Framework for the AIDS Law. It was approved in November.
- The Ministry of Health presented the National Strategic Plan for STD and AIDS Prevention on December 1st. This was a multisectoral effort with governmental leadership and ample participation of NGOs working in AIDS prevention. PASCA provided technical and financial support for its formulation.

In 2000, a revision of the policy actions enacted in Nicaragua showed the following results:

- A revision of the National Strategic Plan for STD and AIDS Prevention resulted in the inclusion of two additional work areas: mobile populations and human rights.

In 2002, a revision of the policy actions enacted in Nicaragua showed the following results:

- The Nicaraguan Congress approved the General Health Code.

Actions in progress:

- The bylaws of the General Health code are being discussed prior to approval.

Panama

The Policy Inventory conducted in Panama during year 1 of the project identified 13 Policy actions, most of which fell also within the scope of constitutional provisions and legislation. The most important ones are:

- Ministerial Decree No. 28 of November, 1987, which dictates several measures for AIDS/STD prevention in Panama
- Law No. 26 of December, 1992, which establishes rules for prevention and control of HIV/AIDS in Panama: this law includes measures dealing with high risk behaviors, testing, work exposures, special group (premarital, pregnant women), immigration, prevention of discrimination.
- Ministry of Health Directives, which norm mandatory reporting and contact tracing.
- Penal Code (arts. 252-254), which penalize "voluntary transmission" and failure to report cases.
- Safe blood and transplant legislation (several provisions)
- Executive Decree No. 53 of October, 1987, requiring mandatory testing of "high risk groups" (e.g. commercial sex workers, IV drug users, prisoners labeling).

- Executive Decree No. 2-A of January 1994, which mandates all entertainment establishments to have condoms available.

In 1998, a revision of the policy actions enacted in Panama showed the following results:

- ZDV therapy for the prevention of vertical transmission of HIV was adopted at Santo Tomas General Hospital and the Panamanian Social Security System.
- “Normas Integrales de Salud para la Poblacion y el Ambiente” (Guidelines for Population Health and the Environment) were established by the Minister of Health. They list specific recommendations for IEC in STD/AIDS for age specific groups.

In 1999, a revision of the policy actions enacted in Panama showed the following results:

- Creation of the “National Commission on Reproductive Health” through Executive Decree No. 2, February 9th, 1999.
- On March 24, 1999, the Ministry of Health made official its Strategic Plan for Reproductive Health. The Strategic Plan for STD and AIDS Prevention was included as a Strategic Objective.
- “Normas Tecnicas y Administrativas para la Atencion de Enfermedades de Transmision Sexual” (Technical and Administrative Guidelines for STD Management) were published in May 1999.
- Resolution No. 17537-JD on May 14th, 1999 from the Social Security Board, made an official request to President Balladares to declare the HIV/AIDS epidemic a “State Issue”.
- Panama’s Social Security agrees to provide HAART to all beneficiaries infected with HIV/AIDS.
- The Panamanian National Business Board (Consejo Nacional de la Empresa Privada – CONEP) created the National AIDS Business Council in October, following PASCA’s motivation. This is an unprecedented initiative from the private sector in the Central American region, which will help encourage the creation of other AIDS Business Councils in other countries.
- The Panamanian National Assembly approved the National AIDS Law on December 22, 1999. PASCA was directly involved in facilitating the process and securing the involvement of both the Ministry of Health and organized civil society.

In 2000, a revision of the policy actions enacted in Panama showed the following results:

- President Moscozo sanctions the AIDS Law in January 2000 and declares AIDS a national issue.
- Panama’s Social Security budgets US\$ 5 million to provide HAART in 2001 to all beneficiaries infected with HIV/AIDS.
- Panama’s MOH budgets US\$ 2.1 million to provide HAART in 2001 to HIV/AIDS patients.
- Panama’s UNAIDS Theme Group drafted their Integrated (Response) Plan.

In 2001, a revision of the policy actions enacted in Panama showed the following results:

- The Ministry of Health approved the regulation framework for the AIDS Law.
- Ministerial Decree created the National Program of ITS/HIV/AIDS.
- The Ministry of Health created the National Council of AIDS
- A strategic plan for HIV/AIDS was completed, based on the Reproductive Health Plan.

- UNAIDS Theme Group formulated a targeted IEC plan to be implemented in 2002.

Actions in progress:

- A strategic plan for HIV/AIDS is being finalized, based on the Reproductive Health Plan.

Region

In the third quarter of CY99 and at PASCA's encouragement, the Central American Federation of Workers pledged to include AIDS prevention for its members as one of their mandates in all seven Central American countries. A statement was signed by all members and released for public disclosure.

In October 2000, Central American Ministers of Health met in Panama City and declared AIDS prevention from mother to child and in adolescents as a priority in their agendas. This ministerial meeting served as the health sector preamble to the Iberoamerican Presidential Summit, also held in Panama in November, which dealt on Children and Adolescents.

In November 2000, the Iberoamerican Presidential Summit held in Panama City under the Actions for Equity and Social Justice section of its Declaration, proposed to: "... implement urgent actions related to research, prevention, treatment and control of HIV/AIDS, given its distressing increase...and to promote international cooperation in this matter". The Summit also proposed to "...integrate sexual education programs to existing education systems, both formal and non-formal...and the prevention of sexually transmitted infections, teen pregnancy and premature parenthood".